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Complete if Known Substitute for form 1449/PTO 10/623,431 Application Number INFORMATION DISCLOSURE Filing Date July 18, 2003 STATEMENT BY APPLICANT First Named Inventor Jay D. KRANZLER et al. Art Unit 1614 (Use as many she ets as necessary) Examiner Name Alicia R. HUGHES Sheet 1 of 2 20269/1201776-US2 Attorney Docket Number

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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	NON PATENT LITERATURE DOCUMENTS					
		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²			
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Signature	/Alicia Hugnes/	Considered	03/15/2009
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PTO/SB/08A/B (09-06)
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Substitute	e for form 1449/PTO			Complete if Known		
				Application Number	10/623,431	
INFO	ORMATIO	N DI	SCLOSURE	Filing Date	July 18, 2003	
STA	TEMENT	BY /	APPLICANT	First Named Inventor	Jay D. KRANZLER et al.	
				Art Unit	1614	
(Use as many sheets as necessary)				Examiner Name	Alicia R. HUGHES	
Sheet	2	of	2	Attorney Docket Number	20269/1201776-US2	

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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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